



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (January 14, 1992 through January 27, 1993)

MEETING DATE: February 3, 1993

PREPARED BY: City Clerk

RECOMMENDED ACTION:

AGENDA ITEM

RECOMMENDATION

No action required - information only.

BACKGROUND INFORMATION:

Copies of applications for Alcoholic Beverage License have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Ravez/Saleem Khan and Bernard C. Kooyman, East Side Market, 360 East Lodi Avenue, Lodi, Off Sale Beer and Wine, Original License; and
- b) Alice J./Harry B. Potter, Bumble Bee, 20 North Main Street, Lodi, On Sale Beer and Wine, Public Premises, Person to Person Transfer.

360 East Pine Street is in a C-2, General Commercial, zone, and 20 North Main Street is in an M-1, Light Industrial, zone. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.


Jennifer M. Perrin
City Clerk

COUNCOM8/TXTA.02J/COUNCOM

APPROVED: _____

THOMAS A. PETERSON
City Manager



recycled paper

COPY

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Sacramento
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

KHAN, Raveez/Saleem

KOORYMAN, Bernard C.

1. TYPE(S) OF LICENSE(S)

Applied under Sec. 24044 ☐

Effective Date: 1-25-92

FILE NO.

RECEIPT NO. 103-2000

GEOGRAPHICAL
CODE 3902

Date
Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)**FEE****LIC.
TYPE**

Original License

\$ 100.00

20

Renewal Fee

104.00

4. Name of Business
East Side Market

5. Location of Business—Number and Street

360 East Lodi Avenue

City and Zip Code
Lodi, 95240

County
San Joaquin

TOTAL \$ 204.00

6. If Premises Licensed,
Show Type of License No

7. Are Premises Inside
City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street
Same

(Temp) (Perm)

9. Have you ever been convicted of a felony?

NO

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act? NO YES

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin Date 1-21-92

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT
SIGN HERE

APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)****19. Location**

Number and Street

City and Zip Code

County

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____

COPIES MAILED

☐ Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____

COPY

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
 1901 Broadway
 Sacramento, Calif. 95818

Stockton
 (DISTRICT SERVING LOCATION)

The undersigned hereby applies for
 licenses described as follows:

2. NAME(S) OF APPLICANT(S)

POTTER, Alice J./Harry B.

1. TYPE(S) OF LICENSE(S)

RECEIVED
 On Sale Beer & Wine
 16121 c 101-94 945

CITY CLERK
 CITY OF STOCKTON

Applied under Sec. 24044 ☐
 Effective Date: Issuance

FILE NO.

RECEIPT NO. 103185

GEOGRAPHICAL
 CODE 3902

Date
 Issued

Temp. Permit
 76526

Effective Date: 1-25-93

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
 TYPE

Per to Per

\$ 150.00

42

Renewal Fee

275.00

4. Name of Business

Bumble Bee

5. Location of Business—Number and Street

20 North Main Street

City and Zip Code

Stockton, 95240

County

San Joaquin

TOTAL \$ 525.00

**6. If Premises Licensed,
Show Type of License**

42

**7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street

Same

(Temp) (Perm)

9. Have you ever been convicted of a felony?

No

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 1-20-93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of San Joaquin

Date 1-20-93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

ALVIN G. ALLENHOLTER

[Signature]

42-265187

JAMES H. ALLENHOLTER

[Signature]

" "

19. Location

Number and Street

City and Zip Code

County

State:

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice, ☐ Corrected Notice To Follow

☐ Fiduciary papers,

☐ Other:

COPIES MAILED

☐ Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____